



Georgia Board of Nursing
Professional Licensing Boards Division
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FORM B – CERTIFICATION OF COMPLETION OF REENTRY PROGRAM

I, _____, certify that _____
RN Reentry Coordinator RN Applicant
has satisfactorily completed 40 hours of study and 160 hours of practice relevant to nursing
as approved by the Board which began on _____
and ended on _____.

Date

Signature (RN Coordinator)

I agree with the above statement.

Date

Signature (RN Applicant)

Agency or Notary Seal